ALRESFORD RURAL DISTRICT.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1911.

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THE ANNUAL REPORT

ON THE

ALRESFORD RURAL DISTRICT,

FOR THE YEAR 1911,

BY THE MEDICAL OFFICER OF HEALTH.

GENTLEMEN,

I have the honour of presenting my Annual Report, which has been arranged under the several headings suggested by the County Medical Officer of Health :—

(1) **Death Rate during the Year.**—During 1911 the deaths registered in the District were 76, to which number has to be added 9 deaths of residents dying out of the District, which gives a total number of 85 and a death rate of 11.28 per 1000. This is about equal to the death rate of the last five years, as it has been calculated upon a larger population, viz., 7531, as compared with an average of 7053 in the five previous years. The death rate in Rural Districts is not likely to show the same diminution as in Urban Districts, as in the former we have a large number of old people, amongst whom the death rate is high, and a smaller number of young adults, amongst whom the death rate is low ; the tendency being for the active young middle-aged people to migrate to towns, and this statement is borne out by the birth statistics. Thirty-six, or more than one-third, of the deaths registered were of persons more than 65 years of age.

No deaths were registered during the year as due to any of the notifiable infectious diseases, or to bad drainage or water supply.

(2) **The Birth Rate.**—The births registered were 142, giving a birth rate of 18.8 per 1000 of the population, which is a decrease of 3 per 1000 of the average of the last five years. This is due, as I have pointed out above, to the gradual decrease of young married couples in Rural Districts. There were 16 deaths of children under one year of age, giving a rate of 112.6 per 1000 of births registered, which is 37.1 per 1000 above the average of the last 10 years. This great increase is due to the greater number of deaths, viz., 10 from summer diarrhœa, which was brought about by the intense heat and dryness of July, August and September in this part of England. During the later half of the year, so-called summer diarrhœa was prevalent amongst people of all ages. This disease is far from being confined to infants; it attacks adults quite as indiscriminately as infants and children, though it does not kill them so frequently, and all cases are infectious. The cause of this malady is due to taking the diarrhœa micro-organism into the body by means of polluted food and drink, which have become infected from the fæcal excretions of previous sufferers. It is more likely to occur and spread in dirty houses, where hands and food become contaminated by dust, laden with germs. It is quite clear that milk is by no means so responsible for the malady as has hitherto been supposed. Any food stuff whatever can spread the disease, and disinfection of milk by boiling is no particular safeguard against it if the boiled milk stands about where it can be infected afterwards. I saw several cases where the milk had been boiled and at the time of my visit was standing in a warm room in an uncovered jug, and swarms of flies were present, on the jug and in the milk. It is necessary, therefore, to take practically the same precaution in this disease as one would in typhoid fever, so as not only to prevent it spreading to other people in the house, but to prevent the patients being continually re-infected, for this disease does not protect against itself. All food, bed clothing, nurse's hands, and so forth must be kept scrupulously clean and disinfected when necessary. Outside the house all refuse should be removed as soon as possible, and what cannot be burnt or buried at first should be kept in closed receptacles and removed as soon as possible. Flies carry germs from these heaps, and the wind, especially in a hot, dry summer, carries dirt inside the house. The education of mothers in the care and feeding of children, and the provision of proper, cool, clean pantries in cottages for the proper storage of food and the proper disposal of all house refuse, are the chief points that will have to be attended to if we are to prevent this disease running into such fatal results in the future.

(3) **The Physical Features of the District.**—The sub-soil of the greater part of the District is chalk overlaid by gravelly loam. In many of the villages in the valleys there are some thick deposits of gravel, and on some of the higher grounds there is a top sub-soil of clayey loam. In some of the villages the roads are low and badly drained, being very wet and muddy in rainy weather, and in dry weather very dusty.

(4) **Occupation of the Inhabitants.**—The population is practically all rural and agricultural, there being no factories of any description in the District.

(5) **House Accommodation.**—There seems to be quite sufficient cottage accommodation in this District for those employed in agricultural pursuits and for mechanics employed near their work. I think it is a mistake to overbuild in the matter of cottages. By all means pull down an uninhabitable cottage and replace it by a new one, for if the old cottages are left standing they are let to the lowest class of casual labourer, for whom little work can be found, and there is often a large family, for which the house is much too small. There can be no greater delusion, especially among townsmen, than the very prevalent one that any man is good enough for a farm labourer, when the contrary is the fact; it is only the skilled labourer that is of use in the country, and the only man that it really pays the farmer to employ, with few exceptions. Any cottages beyond those required for this class of man only leads to the country being populated by the wastrel of low mental calibre, and, as hereditary qualities come out more strongly in brain capacity than in any physical quality, it is evident that if we wish to keep our poor rates as low as possible, and our country workhouses from being overcrowded, we must do all we can to check the immigration of this class of labourer. The building of labour cottages by the aid of "Housing of the Working Classes" Act seems to be unfair upon the occupier, for he not only has to pay the proper weekly rent as tenant, but he has to pay, in the course of years, the capital cost of the house, which he will never own. This latter item, besides being unjust, raises the rent about 1s. a week, which makes it more than any agricultural labourer can afford to pay.

There has been an improvement in the cottage property in this District, but many, owing to the structural defects, are damp, ill-ventilated, and deficient in light—very important defects, especially when considered in connection with the stamping out of tuberculosis. The want of a bedroom with a good fireplace is also often found to be a serious difficulty in case of illness, and, as I mentioned in my Report of last year, proper pantry accommodation is deficient in many cottages, leading to the food becoming contaminated, and the living room untidy and dirty unless the food is put away in dark, damp, and unventilated cupboards.

Three cases of overcrowding were dealt with, of which two have been remedied.

(6) **Water Supply.**—The water supply in many of the high parts of the District, where they depend upon the storage of rain water, has been very deficient, owing to the lengthy drought, but this can be remedied by increasing the storage capacity. The limited supply, however, does not seem to have caused any increase of disease. The water of the Town of Alresford is supplied partly by the Alresford Water Company, from a deep well sunk in the chalk on the south side of the town, from which, after being pumped into a reservoir, it flows by gravitation, and partly by private wells. These wells are often situated in close proximity to dead wells, and, although from time to time samples have been tested, they have never been found polluted, and for the last 20 years at least no case of typhoid fever or other water-borne disease has been traced to pollution of these deep wells. Evidently the chalk has no large fissures in it, and acts as a very efficient filter. The villages round are supplied by deep wells in the chalk, rain water tanks, and, in some cases, the water is taken from running streams. These streams are liable to pollution, and in three cases this was remedied during the year.

(7) **Milk Supply.**—The supervision of the milk supply is now a very large undertaking, as there are over 100 Cowsheds, besides 50 Dairies, in the District. I shall have to go into the question of the milk supply more fully than usual, as, in an interview with a Local Government Board Inspector, I was given to understand that unless there was a considerable improvement in the sanitary methods of milk production in the County the supervision would be placed with the County Council, instead of the District Council, as heretofore. In March, 1907, when addressing a Deputation upon the subject of Milk Supply, the Rt. Hon. John Burns said: " Everything seems to point to the County Council as the future Authority for dealing with the matter." It is very important that the production of milk should

be encouraged in every possible way, and that no unnecessary restriction should come into force, for already the poor find it very difficult, especially in the country, to get sufficient milk for their children; but the milk they do get must be clean, for the fundamental characteristics of the natural food of the infant is that it is a raw fluid. In all circumstances, the boiling of milk for the use of infants greatly impairs its nutritive value. The whole problem of improving the public milk supply is one of price, and no amount of legislation will induce dairymen to accept methods which they cannot afford. The very small price paid to farmers at the present time for their milk is in no small measure responsible for the methods of milk production, and, even with such methods, the average British dairy farmer makes but a precarious living from his trade. The working of a modern, well-equipped dairy is certainly more expensive than an old-fashioned, insanitary one. If the public insists that its milk supply be safeguarded, and that the farmers be required to take all proper precautions in its production, then it is right that they should be prepared to pay a price that will make it profitable for the farmer to do so. And, surely, it is better to pay a little more and get a pure and wholesome milk than be content to consume a questionable article which may be the direct cause of tuberculosis and other infectious diseases.

During the year one sample of milk was condemned as not coming up to the standard ordered by the Milk Regulations issued by the Board of Agriculture, in which it is laid down that when a sample of milk contains less than 3 per cent. of milk fat it shall be presumed, until the contrary is proved, that the milk is not genuine by reason of the extraction of fat or the addition thereto of water. This wording is unfortunate, because it implies that if a dairyman sells milk containing less than 3 per cent. of fat he has been guilty, not merely of offering milk of poor quality, but of the far more serious offence of fraudulently manipulating it, whereas the truth may be that he is selling milk that is poor from one of several reasons, and that has not been adulterated in any way. This regulation requires re-wording, so that the man shall be held innocent until he is proved guilty, and not the reverse.

Many of the cowsheds in the District require structural alterations, so that the cows can be kept cleaner and have more air and light. The floors of some of these sheds are of absorbent material, uneven in surface, and with no proper slope for surface water to run off into a drain situate behind the cattle. In many cases there is no drain at all behind the cattle, and many of the drains are too narrow and too shallow, and placed too far behind the cow to catch the excrement, with the result that the hind quarters and udder of the cow are always soiled on lying down. The cow, being in some cases looked upon simply as a machine out of which must be obtained the greatest yield of milk for the smallest quantity of food, leads to the shed being kept badly ventilated and too hot and dark, just the very condition necessary for the growth and multiplication of the tubercle bacillus. These are the chief points as regards the sheds that have come to my notice during my visits. In some cases, although the sheds are good, the cows have to walk through a very dirty yard to get in and out of them, and manure is stored too near the building. The absence of a proper water supply near at hand in which the milkers can wash their hands frequently is very noticeable; often there is only a bucket which they use, and there is an absence of clean towels and a nail-brush to complete the toilet. Clean linen overalls are, I believe, very seldom worn. These defects could be cheaply remedied, and several cloths should be kept with which to wash the udders before milking, which ought to be boiled, dried, and kept in some suitable place between use, and last, but not least, " dry milking " should be enforced in all cases.

In the *transportation of milk* several improvements could be suggested. If one has seen the milk churns at railway stations, with all sorts of people sitting on them, and all kinds of packages placed on them, and dust and rain collecting in the funnel shaped tops, that fit none too tightly in some cases, and if we realise that when the milk arrives at its destination it will have to be poured out over the exposed rims of the churns, we can understand that the milk if sent away clean from the farm is delivered to the householder in anything but a pure condition. To remedy all this, the churn simply requires to be made with an upright neck, over which fits an enclosing lid, so that the rim over which the milk is poured out may be kept clean. The churns should be thoroughly cleaned and sterilized before being returned. Dairies provided with steam jets and other appliances can carry out this process much more thoroughly than the farmers. Some of the churns are so battered about and cracked inside that it is quite impossible to sterilize them thoroughly.

I have left the serious question of tuberculous milk until last, but, if we are to stamp out tuberculosis, it is very important to realize that even if all cases of pulmonary tuberculosis could be isolated in sanatoria there would still remain other forms of the disease, viz., of bones and joints, of the intestines, of mesenteric glands, and membranes of the brain, chiefly occurring among the young, which are sometimes due to drinking tuberculous milk, a source of infection which may only show itself as consumption some years later. It is striking, that out of nearly 60,000 persons who die annually from tuberculosis in this country, 11,000 should be children under five years of age, *i.e.,* in that section of the community which depends most upon milk for its nourishment. How many cases of illness from tubercular disease 11,000 deaths represent no one knows, but it must be very large. To give some idea of the frequency with which the tubercle bacilli may be found in milk as it is actually placed on the market, the following instances may be given :—In Islington 14.4 per cent., in Hackney 22 per cent., and under the London County Council 11.6 per cent. of the samples of milk examined contained the bacillus. It is often asked " How is it, if there is so much tuberculous milk sold, we do not all die of tuberculosis?" The answer is that tubercular disease being one of the most curable of diseases, the number of deaths in proportion to infection is very small, although a very large number of the population suffer from it in some form or other. The suggestion of Koch that the tuberculosis that affects cows is not the same as that which human beings contract, has now been positively denounced by the Royal Commission, which declares it of essential importance to ensure by every possible means a pure milk supply. Milk is contaminated with the tubercle bacillus in two ways. (1) From a tuberculous udder, but if the cow is tuberculous at all one never knows the moment the udder may become involved, and the spread of tubercle in the udder goes on with alarming rapidity when once begun. (2) If only the lungs or intestinal tract are affected the coat of the cows and the walls and air of the sheds will certainly harbour the tubercle bacillus, which will infect the milk during the milking process. Thus it becomes evident that the danger of spreading tubercle by means of milk will never be got rid of until the tubercular cow is entirely eliminated from our dairy herds. To obtain this desirable end it is absolutely necessary that the Medical Officer of Health and the veterinary expert should work together. The cooperation of the British farmer is urgently needed to force the Government to give them a helping hand in stamping out " the white man's plague." Although this would be an expensive matter it would be a very good investment, and ought to be done in the interest of the public health, for in my opinion the boast that pulmonary tuberculosis can be eradicated in two generations or some such time is puerile, unless the question of tubercular milk is taken in hand.

(8) **Food Inspection.**—I pointed out in my last annual report that beyond inspecting any food, such as meat, which either looks suspicious or to which one's attention has been drawn, nothing was done, for it was absolutely impossible for any ordinary Medical Officer of Health to discover adulterated food stuffs, for the old crude form of adulteration has largely disappeared. Adulteration is now a fine art, subtle, and most difficult to detect, except by a most expert analyst, one who was well up in all the tricks of the trade, and was constantly devoting a great deal of time and study to the matter. Several milk preservatives are sold with the recommendation that they cannot be detected by analysis, and one of them, "Mystin," if used in the proportion recommended by the vendor, would make each quart of milk contain two grains of sodium nitrate, which is the maximum pharmacopœal dose of a very dangerous drug, with a powerful action on the heart, and this drug is added simply to prevent the analyst being able to detect the formaldehyde, which is the real preservative.

(9) **Bake-houses and Slaughter-houses.**—The slaughter-houses are very well kept in the District, and no nuisances required attention. In the bake-houses five defects were pointed out by the Sanitary Inspector, and remedied.

(10) **Drainage, Sewage, and Sewage Disposal.**—The whole District being rural in character, there is no sewage scheme in any part. The larger houses are supplied with W.C.'s, which drain into dead wells. In Alresford, although the dead wells are in some cases in close proximity to the wells supplying the drinking water, no disease has been traced to the latter becoming polluted with sewage, and if any well did become polluted there is a very good public supply that could be laid on immediately. The only other alternative is to have a sewage scheme for the town, which would be a most expensive matter, and raise the rates very considerably. The cottages either have the old privy vaults or earth closets. In the present day earth closets are not as satisfactory as they ought to be, as they require intelligent management and cleanliness, both of which are difficult to teach to many of the agricultural labourers of the lower class. The

satisfactory disposal of house refuse and ashes is often a very difficult matter, for many houses have no suitable gardens in which to bury them, and there is no public method of collecting and destroying them. In the town of Alresford I think it would be advisable for the sanitary authority to undertake their removal, and so prevent the accumulation of heaps of house refuse near the houses. Each house ought to have a covered receptacle, which should be emptied twice a week in a proper sanitary dust cart.

(11) **Schools.**—The schools are in good sanitary condition and have a pure water supply, but some would be better if they had better cross ventilation by means of open windows. During the year Bighton School was closed for a week for the purpose of disinfection, owing to a child having attended while suffering from the very early symptoms of scarlet fever, and although other children in the same house were afterwards infected no other families were attacked. The schools of Alresford, Brown Candover, and Bishop's Sutton also had to be closed, owing to most of the children being down with measles.

(12) **Infectious Diseases.**—During the year 13 cases of scarlet fever were notified; of these three occurred in one house at Ropley, two in the Workhouse, five in three houses in New Alresford, and three in one house at Bighton. No deaths took place from scarlet fever or any of the notifiable infectious diseases. Cases of scarlet fever seem in the present day to run a much milder course than they did years ago, and this diminished severity, although a matter for congratulation, certainly increases the difficulty of preventing the spread of infection, for it leads to frequent failure to call in medical aid and the recognition of the disease. Scarlet fever, apart from occasional outbreaks due to infected milk, is spread like diphtheria by personal infection, but, unfortunately, the micro-organism of the former not having been discovered, we are unable by bacteriological tests to be certain how long the infection persists.

One case of diphtheria was notified in Cheriton in a low-lying, damp cottage, in which similar cases had occurred several years before. Several schools were closed in November and December owing to an epidemic of measles. The occurrence of an epidemic depends, so far as we know, solely upon a sufficient accumulation of susceptible children under conditions allowing the introduction of infection, and from personal communication.

The notification of measles has not been acceptable to sanitary authorities owing to the expense, and cases are usually notified only when the doctor is called in, and in a large proportion of families no doctor is called in for measles, and such attendance when it occurs is not infrequently late in the family outbreak, when there are already several cases. Even if the notification of the first case in each household was made compulsory, it would only be of use if there were suitable hospital accommodation for patients who could not be satisfactorily isolated at home. Notification would also mean a great increase in the staff to cope with the large number of cases needing to be visited in a very short time.

(12) **Vaccination.**—Vaccination has not been carried out as efficiently as usual, owing to the increased number of parents being " conscientious objectors." Thirteen exemptions have been granted during the year, and, as these infants will probably not be vaccinated later in life, the necessity for all Sanitary Authorities to have isolation hospitals ready for cases of small pox will become more urgent. In this District a tent hospital and wooden shed have been provided for some years. Even with the prompt isolation of the first case, it would be absolutely impossible to check the epidemic unless all persons who have been in contact with the patient were vaccinated or re-vaccinated, and all the Visiting and Nursing Staff were perfectly protected by vaccination.

(13) **Tuberculosis.**—During the year the notification of all " poor cases " has been put in force, and all cases sent back to their homes from hospitals and sanatoria are notified to the Medical Officer of Health of the District in which they are going to reside. By this means a general supervision of the patient is continued, and printed information is given him to show how he may avoid re-infecting himself, and also be a source of infection to others. If death occurs, or he should leave the house, the room and clothing are disinfected as in other infectious diseases.

(14) **Bye Laws.**—The only Bye Laws adopted in this District are " with respect to New Buildings and certain matters in connection with Buildings."

(15) **Improvements Required,** beyond those mentioned in previous paragraphs of the Report, are :—(1) A Steam Disinfector for the disinfection of mattresses and other perishable articles.

At present we have to trust to fumigation and spraying with formaldehyde, which is satisfactory as far as it goes, but bedding and many articles of clothing can only be disinfected by being thoroughly penetrated by steam at a high pressure. A disinfector of this kind would be most useful at the Workhouse for disinfecting clothing. (2) An Isolation Hospital, if it could be built at a moderate cost, would be a great advantage, but it would be necessary that the Act for the compulsory notification of Infectious Diseases should be more thoroughly enforced on parents, for at the present time, unless a medical man is called in, we receive no notification of these diseases, and very often the first case in a household is not isolated, and the consequence is that, perhaps, two or more cases would have to be removed to the Isolation Hospital instead of one, rendering a much larger building necessary than otherwise would be. I think an Isolation Hospital now is more necessary than ever, owing to the number of farmers producing milk, and the necessity, therefore, of being able to remove immediately any infectious case from a household connected in any way with the handling of milk or utensils used in the dairy. A special ward might be set aside for cases of phthisis, or the wards might be used for these cases when no infectious diseases were being isolated. This is being done in several Isolation Hospitals.

(16) **Factories and Workshops.**—These have been regularly inspected and found in good order.

(17) **Local Government Enquiries.**—Dr. Johnstone visited Alresford in the autumn, and went through the work that was being carried on in the District at a Meeting held at Messrs. Shield and Mackarness' Office, at which the Clerk to the Sanitary Authorities, the Medical Officer of Health, and the Sanitary Inspector were present.

(18) **The Housing and Town Planning Act.**—This Act only commenced working in this District in the autumn, and since then 44 houses have been inspected and fully reported upon by the Sanitary Inspector. The chief faults found were the following :—

(1) Walls of houses damp owing to the absence of rain water shooting.

(2) Yards round houses dirty, often owing to defective paving.

(3) Walls and ceilings required to be cleaned and whitewashed.
(4) Roofs defective, admitting rain water.
(5) Curb round well of drinking water too low to prevent the entrance of surface water.
(6) Heaps of refuse allowed to accumulate near houses.
(7) Deficient closet accommodation.
(8) Privy vaults too full.
(9) Floor of rooms defective.
(10) Front doors of houses defective allowing the entrance of rain water.

All these defects have been remedied, or the work is in hand.

(19) **Improvements Effected during 1911.**—These consist chiefly in the remedying of the structural defects and foul conditions which have been found to be necessary during the inspections carried out by the Sanitary Inspector. He has made 1917 inspections during the year, and of all the nuisances found it has only been necessary for the Sanitary Authority to intervene in 17 cases, all the remainder having been remedied on the receipt of an informal notice from the Inspector, with the exception of three, which still remain to be abated. In addition to the above, certificates of a proper water supply have been granted under the Public Health (Water) Act, 1878, for 22 new dwelling-houses, and 34 plans have been submitted, of which 23 are for new houses. Owing to Mr. Green's (the Sanitary Inspector) thorough inspection at all times, illnesses due to insanitary condition of the District are very rare indeed, and it gives me very great pleasure to record this fact in closing my Annual Report.

I remain,

Your obedient Servant,

F. W. JOLLYE.

Alresford, Hants,
February, 1912.

N.B.—The Tables of Vital Statistics for the District may be seen at the Office of the Clerk to the Council, at East Street, Alresford.